PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 CLAIMS AS FILED - PART I

Application or Docket Number

10758749

| CLAIMS AS FILED - PART I (Column 1) (C | | | | | | ımn 2) | | SMALL ENTITY TYPE | | | OTHER THAN SMALL ENTITY | |
|--|--|---|----------------|-------------------------------------|--------------|------------------|----------|--|--|----|-------------------------|------------------------|
| TOTAL CLAIMS | | | w | | | | 1 | RATE | FEE | 7 | RATE | FEE · |
| FOR | | | . NUMBER FILED | | NUMBER EXTRA | | | BASIC FEI | 385.00 | OR | BASIC FEE | 770.00 |
| TC | OTAL CHARGE | ABLE CLAIMS | ∩ Ø minus 20= | | ٠ ي | | | XS 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | | 3 minus 3 = | | ٠ ل | | X43= | | OR | X86= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +145= | | 1 | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | TOTAL | 2005 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | TOTAL 385 OR TOTAL OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| r T | 100 | (Column 1) CLAIMS | <u> </u> | (Colum | EST | (Column 3) | ו ר | SMACE | ADDI- | | SIMALE | ADDI- |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | PREVIO PAID F | USLY | PRESENT EXTRA | | RATE | TIONAL | | RATE | TIONAL FEE |
| | Total | · 90 | Minus | -9 | <u> </u> | .= | | XS 9= | | OR | X\$18= | |
| AME | Independent | · 3 | Minus | ENOCHT. | 3 | - | Į [| X43= | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | ا ا | +145= | | OR | +290= | |
| | | | | | | | L | TOTAL | | | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Colum | n 2) | (Column 3) | | ODII. I EE | | | ADDII. FEE | · |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | | XS 9= | | OR | X\$18= | |
| AME | Inaependent | * | Minus | *** | | = |] [| X43= | | OR | X86= | |
| | FIRST PRESE | NTATION OF MU | LTIPLE DEP | ENDENT | CLAIM | | 」 | +145= | | OR | +290= | |
| · · | | | | | | | | TOTAL DDIT, FEE | | OR | TOTAL ADDIT, FEE | |
| | | (Column 1) | | (Colum | | (Column 3) | - | , | , | | | |
| ENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOU PAID F | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Ş | Total | • | Minus | ** | | <u>.</u> | lΓ | X\$ 9= | | OR | X\$18= | |
| 3 ŀ | Independ nt | | Minus | *** | | = | | X43= | | OR | X86= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | Ī | .200- | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR +290= * TOTAL ADDIT. FEE OR HODIT. FEE OR TOTAL ADDIT. FEE OR "TOTAL ADDIT. TOTAL ADDI | | | | | | | | | | | | |